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## BIB DATA SHEET

CONFIRMATION NO. 4280

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/595,662	01/03/2008	514	1625	PB60564USW
<b>RULE</b>				
<b>APPLICANTS</b> Giuseppe Alvaro, Verona, ITALY; Romano Di Fabio, Verona, ITALY; Riccardo Giovannini, Verona, ITALY; Alfredo Paio, Verona, ITALY; Maria Elvira Tranquillini, Verona, ITALY; Lucia Mattioli, Verona, ITALY;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP2004/012772 11/10/2004				
<b>** FOREIGN APPLICATIONS *****</b> UNITED KINGDOM 0326407.4 11/12/2003				
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 07/09/2008				
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/CELIA C CHANG/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> ITALY	<b>SHEETS DRAWINGS</b> 0	<b>TOTAL CLAIMS</b> 22
<b>INDEPENDENT CLAIMS</b> 5				
<b>ADDRESS</b> GLAXOSMITHKLINE GLOBAL PATENTS FIVE MOORE DR., PO BOX 13398 MAIL STOP: C2111.2F RESEARCH TRIANGLE PARK, NC 27709-3398 UNITED STATES				
<b>TITLE</b> Beta-Lactams for Treatment of Cns Disorders				
<b>FILING FEE RECEIVED</b> 2374	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	